

STANDARD CERTIFICATE OF DEATH

State File No. 27571
Registrar's No. 7071

791 SEP 14 1939
1008

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dr. Amos P. Lewis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased April 28, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 3 16 hr. min.

9. Birthplace Lake Providence, La.
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Pauline Lewis
(b) Address 6111 Waterman Ave.

17. (a) Cremation (b) Date thereof Aug. 16-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Herman Rindskopf
(b) Address 5216 Delmar Blvd.

19. (a) AUG 15 1939 (b) J. J. Bredbeck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6111 Waterman Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day August
year 1939 hour _____ minute 12:30 A. M.
21. I hereby certify that I attended the deceased from Aug. 14th
1939, to Aug. 13th, 1939
that I last saw him alive on Aug. 13th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Dilatation obstruction
Carcinoma of ascending
Colon (Primary site)
Duration 2 days

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: K6
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(M. D. or other)
23. Signature W. C. Popper (M. D. or other)
Address 706-709 Carleton Bldg. Date signed 8/14/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 3830

working under my personal supervision.

Signed C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.